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Current strategies to detect, manage and control carbapenemase-producing Enterobacteriaceae in NHS acute hospital trusts in the UK: time for a rethink?

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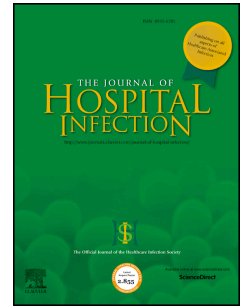
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**Current strategies to detect, manage and control carbapenemase-producing Enterobacteriaceae in NHS acute hospital trusts in the UK: time for a rethink?**

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Since 2013 we have had national guidance on controlling carbapenemase-producing Enterobacteriaceae (CPE) in acute NHS hospital trusts in the UK [1]. However, a lot has changed in five years and getting to grips with preventing the spread of CPE has posed many challenges for individual organisations. In this issue, two papers evaluate the toolkit for early detection, management and control of CPE and in particular, the role of serial screening to detect CPE carriage.

National guidance is just that and should be interpreted to meet local requirements. Specialist services offered, staffing resource and isolation capacity differ widely between hospitals, and therefore one CPE plan will not be suitable for every institution. Regional risk assessments to evaluate local patient demographics are vital. Prevalence of CPE carriage varies greatly depending on rates of travel and hospital contact (particularly abroad), amongst other factors. However, Coope *et al* report that of the 92% of surveyed hospital trusts in the UK with a written CPE plan, 32% were using the toolkit as provided [2]. A further 65% of hospital trusts were using it to *inform* local plans. Therefore, awareness of the national CPE toolkit doesn't appear to be a problem; however, the authors report that hospitals are struggling to implement CPE plans locally.

Mookerjee *et al* found that locally, only 2.3% of admitted patients were screened for CPE at the timepoints specified in the national toolkit [3]. Screening for asymptomatic carriage of CPE and isolating high risk patients poses significant financial and organisational challenges, particularly during periods of winter bed pressure. The authors of this study advocate cessation of serial screening, questioning the scientific value and evidence base of this methodology. However, just one index case of CPE carriage can lead to transmission events and outbreaks that are resource consuming to manage, causing considerable disruption to services [4,5].

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